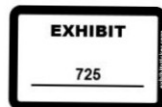
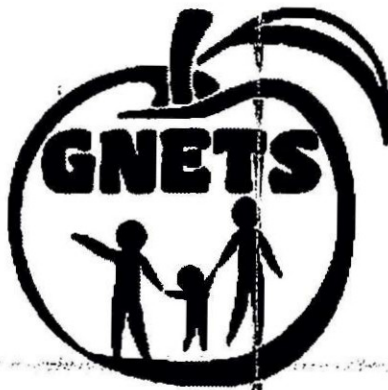


# EXHIBIT 46



***Georgia Network for Educational and Therapeutic Support***

# **Confidential Student Information Packet**

**Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.**

**Please keep this coversheet on top of packet for confidentiality purposes.**

**Student Demographic Information**

## Confidential Student Information Packet



Student First/Last Name	GTID	SS	DOB
System:	Area School	Race/Gender	Grade
Physical Address:		City	GA Zip
Mailing Address (If Different):		City	GA Zip
Parent Name	Parent Email		
Parent Cell	Parent Work Phone	Parent Home	

**What are the referral concerns and what services would you like for GNETS to provide?**

--

**Student Current IEP Information**

Primary Disability	Secondary Disability	Annual Review Expiration Date
--------------------	----------------------	-------------------------------

**GNETS provides comprehensive educational and therapeutic support services to students who exhibit intense social, emotional and/or behavioral challenges with a severity, frequency or duration such that the provision of education and related services in the general education environment has not enabled him or her to benefit educationally based on the IEP. GNETS Services aim to support students with social, emotional and/or behavioral challenges. These students' behaviors may include but are not limited to, significant, aggressive, self-destructive, atypical and withdrawal behaviors. The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the following:**

- ☐ An inability to learn that cannot be explained by intellectual, sensory, or health factors
- ☐ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

**Documents provided are:**

1.

2.

3.

4.





## Confidential Student Information Packet

Does this student have a medical diagnosis? YES or NO If Yes, what is the diagnosis:

Does the student take medications? YES or NO If Yes, what are the medication(s):

Does the student have any outside therapeutic supports? (i.e. Mental Health Providers or other agencies?) List:

Does the student have any therapeutic supports within the school setting? (i.e., Service Providers) List:

**Full Continuum of Special Education Services Offered:**

*GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:*

Services:Date of Initial Placement - Date Terminated:

<input type="checkbox"/> Consultation	_____	to _____
<input type="checkbox"/> Regular Education Classroom	_____	to _____
<input type="checkbox"/> Inclusion Classroom	_____	to _____
<input type="checkbox"/> SPED Resource or Pull Outs (Part Day)	_____	to _____
<input type="checkbox"/> SPED Classroom (Full Day)	_____	to _____
<input type="checkbox"/> GNETS Consultative Services	_____	to _____
<input type="checkbox"/> GNETS School-Based Classes Part Day	_____	to _____
<input type="checkbox"/> GNETS School-Based Classes Full Day	_____	to _____
<input type="checkbox"/> GNETS Separate School Part Day	_____	to _____
<input type="checkbox"/> GNETS Separate School Full Day	_____	to _____
<input type="checkbox"/> Homebound Instructional Program	_____	to _____
<input type="checkbox"/> Residential School or Program	_____	to _____

**Student Functional Behavior Assessment and Behavior Intervention Plan**

Functional Behavior Assessment	Date:	Target Behaviors:
Behavior Intervention Plan	Date:  List other dates of BIP Reviews if modified this year:	Interventions:

**Disciplinary and Restraint Data**



## Confidential Student Information Packet

**Suspensions:** Please list dates and reasons student was suspended this school year:

*Example: 8/2/16, 3 day suspension, assaulting teacher*

**Emergency Physical Restraint:** Please list dates and reasons student was physically restrained this school year if any:

Please list the number of office disciplinary reports and attach to this packet.

### Academic Supports

What current evidence-based Academic Interventions are in place for student? Also indicate how often he/she gets intervention:

Please share login information and passwords for all web-based interventions students are using so that we can continue those services at GNETS:

**Please attach the following documents when you submit this information packet:**

- ☐ Current IEP
- ☐ Current psychological evaluation
- ☐ Current Eligibility Report
- ☐ Current Functional Behavior Assessment and Behavior Intervention Plan

### Required Signatures:

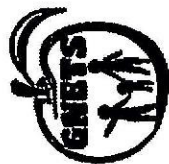
Referring Teacher

Referring Principal

Special Education Director (or Designee)

**Please email, mail or fax the student info pack with all documents to:**





# GNETS Consideration for Services Flow Chart

## Georgia Network for Educational and Therapeutic Support

A student currently being served in SPED has behavior problems at their school and it is believed GNETS may be an option. (GNETS services are only for students served in SPED). School personnel contacts Special Education Director or designee with concerns (outlining frequency, duration and intensity of behavior problems). A check list of "Guiding Questions" is completed to determine whether more work is needed at the school level or to proceed with GNETS involvement.

### GNETS Consultation

Services that are considered GNETS Consultation may include a request for FBA coaching, classroom observation and written feedback, or records review with feedback (complete the "Request for GNETS Consultation" form).

#### FBA Coaching

Assists with identifying target behaviors & setting up data collection; Assists with review of data after it is collected by school personnel; Assists with data analysis; Assists with writing a draft BIP

#### Direct Consultation

GNETS staff observes student at school and looks at records; A written report with recommendations is provided to Sped Dir, Principal, and/or teacher; A verbal conference is held, if requested.

#### Indirect Consultation

GNETS staff looks at records (psychological, eligibility, BIP, IEP) & gives ideas verbally.

### GNETS Consideration for Services

According to SBOE 160-4-7-.15, if the IEP team recommends GNETS services, the following documents must exist in the student's records:

- ✓ Current IEP
  - ✓ FBA/BIP administered within the past year
  - ✓ Comprehensive reevaluation within last 3 years
- IEP meeting will be held inviting GNETS Director or Designee. It is best practices to include the following documents to assist with immediate service delivery.
- ✓ Completed Guiding Questions Checklist
  - ✓ School History
  - ✓ GNETS consultation documents

### Continuum of GNETS Service Delivery and Environments

The IEP team must determine that GNETS services are necessary for students to receive FAPE. Removal from the general education setting will occur only when the nature or severity of students' social, emotional and/or behavioral challenges are such that education in a general education setting with the use of supplementary services and intensive individualized interventions cannot be achieved.

- The GNETS continuum of services by environment may be found on page 3-4 of the GNETS State Board Rule 160-4-7-.15.
- Move-Ins / Transfers: For students who move in from GNETS or similar program in another state or who are released from a long-term hospitalization or residential treatment should have an IEP meeting to amend the IEP if necessary.

## Guiding Questions for Consideration of GNETS Services

Page 2.

- o Has the student been explicitly taught the expectations or skill steps? (We should not assume that a student has the knowledge or skills to implement appropriate behaviors - we have to teach them first). YES NO
- o Has staff tried other preventative measures such as moving the child's desk in the classroom (nearer or away from the teacher or others, the door, etc.), adjusting his/her schedule, or making contact with the parent, etc? YES NO
- o Are there medication issues for this child? (ie. Is he/she supposed to be taking medication but is not or are there concerns with consistency of it being administered? Are there concerns about dosages, etc? (If there are concerns in this area, school staff may want to consider having the school nurse involved to complete a behavior checklist, contact the parent, or contact the doctor's office). YES NO
- o Are there skill deficits in academics that might lead to avoidance behaviors? YES NO
- o If there are known skill deficits, has remediation been provided in this area for the student? YES NO
- o Does the student receive a higher ratio of positive versus negative feedback from his/her teachers on a consistent basis? YES NO
- o Are there changes or concerns in the home setting or has the student experienced any recent losses or trauma in their life? YES NO

*Once all of these questions have been answered, the team needs to determine whether or not there are some areas that need to be addressed prior to moving forward with the most restrictive placement of GNETS. An action plan needs to be developed in regards to the other considerations that might need to be addressed or other placement options within the school may need to be attempted.*

### 5. Is there documentation that indicates evidence of

- Annual IEP Reviews? YES NO
- Progress monitoring data aligned with IEP goals? YES NO
- Documentation indicating prior services were delivered in a less restrictive environment and the student's inability to receive FAPE in that environment? YES NO
- *All data should be clearly documented in the students Present Level related to all of the questions and answers contained in this document.*
- *IEP goals should be developed and/or revised to include the behaviors that necessitate placement in the GNETS Program and the data that supports the placement decision as well as the criteria that will be considered to insure that the student is served in the least restrictive educational placement.*





## Georgia Network for Educational and Therapeutic Supports Guiding Questions for Consideration of GNETS Services

### 1. Is the student currently served in Special Education?

Is the student currently being served in special education?

**YES NO**

*If the answer is "NO" then GNETS is not an appropriate consideration at this time. Staff may want to consider convening the RTI or SST team to address the next steps for this student.*

### 2. Does this student have a Behavior Intervention Plan (BIP) completed within the past year that is based upon an appropriate Functional Behavior Assessment (FBA)?

- |   |     |    |
|---|-----|----|
| • Has an FBA been completed on this student?  | YES | NO |
| • Was information from the FBA used to write the BIP?                                       | YES | NO |
| • Does the BIP appropriately address the current target behaviors of concern?               | YES | NO |
| • Is the current BIP being implemented with fidelity across all settings in the school?     | YES | NO |
| • Is there data to support BIP implementation as well as its impact on the target behavior? | YES | NO |
| • Has a comprehensive evaluation been completed within the past 3 years?                    | YES | NO |

*If the answer to any of these questions is "NO" or "uncertain," then the BIP should be revised (or implemented appropriately). An FBA or new FBA may also need to be considered and completed (if deemed necessary). Once the BIP is revised or determined that it needs to be implemented as written, then data on effectiveness and implementation fidelity should be kept and a meeting date should be rescheduled to review outcomes.*

### 3. Have any Evidenced Based Interventions been implemented with this student?

- |  |     |    |
|--|-----|----|
| • Have Evidence-Based Interventions (EBI) been implemented with fidelity with this student?                                    | YES | NO |
| • Has data been kept on the EBI's impact with this student?  | YES | NO |
| • Does the data clearly show that the EBI is NOT positively impacting the student's behavior?                                  | YES | NO |
| • Have the interventions been implemented for a significant length of time to demonstrate their effectiveness or lack thereof? | YES | NO |

*If the answer to any of these questions is "no" or "uncertain," then the team should determine an appropriate EBI to implement with this student. They should review the steps involved in the intervention and work to ensure that all members of the student's team involved in implementing the intervention know how to implement with fidelity. A data collection procedure and method for ongoing fidelity checks should be put in place. A schedule regarding the length of time for the EBI to be implemented should be set and the team should meet to review data related to the effectiveness of the intervention at the end of that time.*

### 4. What is/are this student's current placement and/or circumstances that the team should consider in the decision-making process regarding GNETS services?

- Have all options on the special education continuum been considered and/or tried for this student? (If the answer to this question is "no" then the special education committee may want to convene to consider other placement options, segment changes, delivery models, etc. to insure the student is being served least restrictively. YES NO)
- Some additional factors that might need to be discussed/explored:



## Guiding Questions for Consideration of GNETS Services

Page 2.

- Has the student been explicitly taught the expectations or skill steps? (We should not assume that a student has the knowledge or skills to implement appropriate behaviors - we have to teach them first). YES NO
- Has staff tried other preventative measures such as moving the child's desk in the classroom (nearer or away from the teacher or others, the door, etc.), adjusting his/her schedule, or making contact with the parent, etc? YES NO
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## Georgia Network for Educational and Therapeutic Supports

### Guiding Questions for Consideration of GNETS Services

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Is the student currently being served in special education?

**YES NO**

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#### 2. Does this student have a Behavior Intervention Plan (BIP) completed within the past year that is based upon an appropriate Functional Behavior Assessment (FBA)?

- |   |     |    |
|---|-----|----|
| • Has an FBA been completed on this student?  | YES | NO |
| • Was information from the FBA used to write the BIP?                                       | YES | NO |
| • Does the BIP appropriately address the current target behaviors of concern?               | YES | NO |
| • Is the current BIP being implemented with fidelity across all settings in the school?     | YES | NO |
| • Is there data to support BIP implementation as well as its impact on the target behavior? | YES | NO |
| • Has a comprehensive evaluation been completed within the past 3 years?                    | YES | NO |

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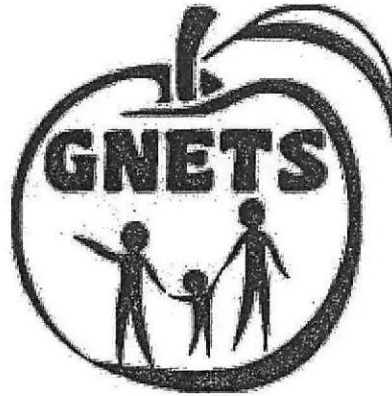
- |  |     |    |
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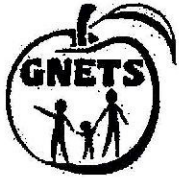
Georgia Network for Educational and Therapeutic Support

# **Request for GNETS Consultation**

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for confidentiality purposes.**





## Request for GNETS Consultation

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	DOB
System	School Attending		Home School

**Check the Consultative Services you would like for GNETS to provide (choose one):**

- ☐ Participation in a planning meeting
- ☐ Functional Behavior Assessment (FBA) Coaching
- ☐ Participate in Behavior Implementation (BIP) Plan Development
- ☐ Classroom Observation and Written Feedback
- ☐ Records Review with Feedback

**What concerns do you have regarding the student and the reason for requesting GNETS Consultation?**

	Print name
Referring Teacher	
Referring Principal (or Designee)	
Special Education Director (or Designee)	